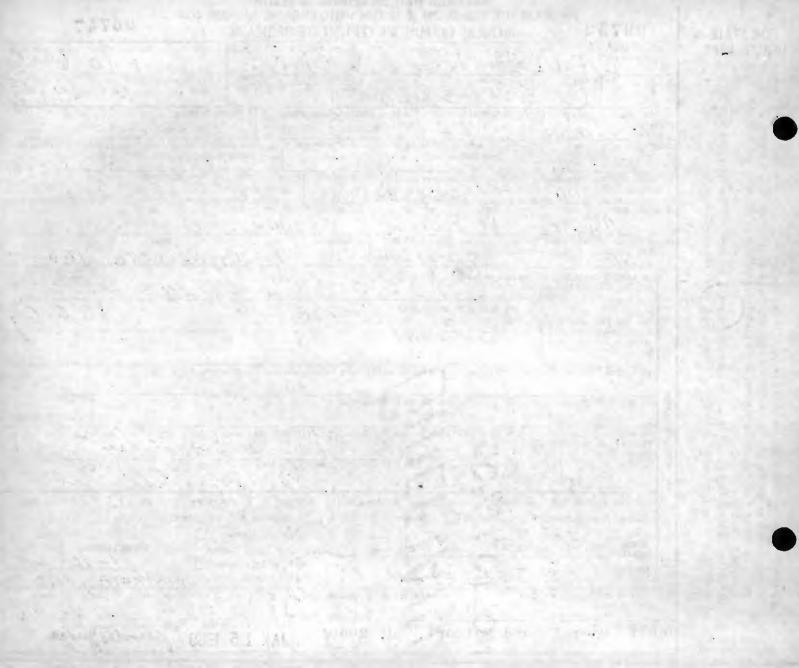
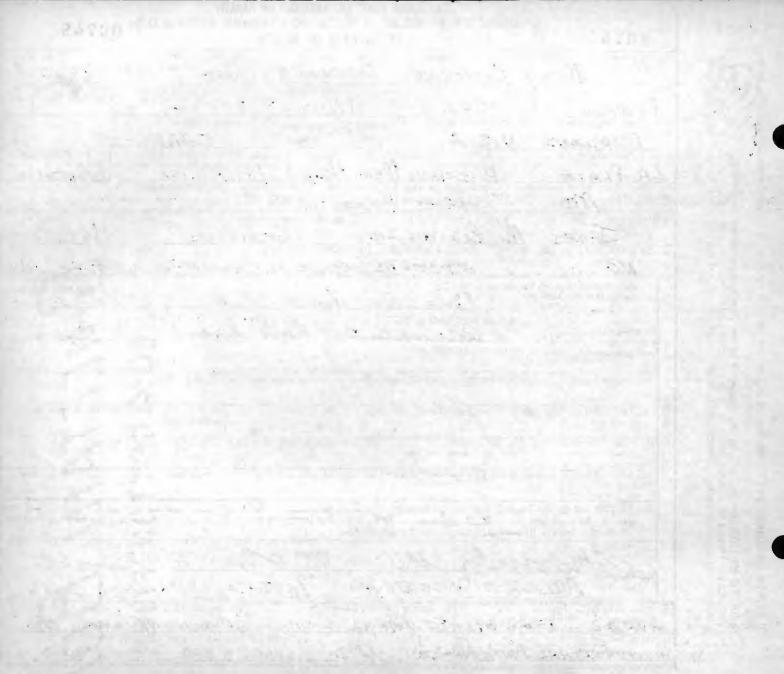
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	00755 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First A H Middle Last R R 2a. DATE KNOWN Month Day Year (Type or Print) OF ESTI-	926. HOUR
delay is and 3 to 13. Page ment of	3. SEX 4. RACE S. DATE OF BIRTH S. DATE OF BIRT	2d. HOUR
Port Par	70. BIRTHPLACE (Stote of foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	1-17M
s 1.	(GUINTY) NORTH CAROLINA U.S.A. WIDOWED DIVORCED CHARLES	Md.
24 hours after death. Thy to in Item 18. Give Pages 1, 2, a r's Office along with form PM es Iond 2 with the State Depart its after death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired.)	USINESS OR
offer along along along with the	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	FFICE
2 with death	Odmission) STATE MD. 136. COUNTY CHARLES WALDORF YES NOW BOX 202	
24 hours in Item 18 rrs Office es Tond 2 vrs offer d	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First A. Middle BABBIT	ost —
within 24 hours after death. In pencil in Item 18. Give Pages 1, Examiner's Office along with form if pages 1 and 2 with the State De	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, oxunkagwn) (If yes give wer or dates of service) 212-62-1841 GARY BERRY, WALDORF, MS	D ,
ecuted v ing: in l adicol Ex	PART I. DEATH WAS CAUSED BY:	ATE INTERVAL ISET AND DEATH
be executed pending in itel Medicol Ensity pending. In nsity pending.	965 X IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DESTRUCTION OF THE PROPERTY OF THE PR	7-1-0
Chie p	Conditions, if any, which gave rise to immediate couse (a), totaling the waderwise course (b). DUE TO, OR AS A CONSEQUENCE OF	-7
should to word to the Ch	stating the underlying cause Due 10, OR AS A CONSEQUENCE OF	
firote ing th ded t as o l	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
his certificate, writing of forward be used a removal,	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Day, Year 211. HOW INJURY OCCURRED LEnter nature of injury in Part Lev Port 18.)	
This ficate, be for d be or rer	YES 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year, 21c. HOW INJURY OCCURRED LEnter nature of injury in Part Lor Part 2 from 18.)	NO NO
INER: This e certificate, should be fo files. 3 should be used the football of	PRIMARY DOR CONTRIBUTING HOURAND 1-10169 CAUSE OF DEATH	elecca
XAM te th ge 4 your oge crem	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, WHILE AT WORK AT WORK AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, AT LOCATION STREET OF R.F.D. No. County ALL ALL ALL ALL ALL ALL ALL A	State
- 6 - 5 × 6	220. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry and in	my opinion
SICAL Isleese execution of director. Posterined for DIRECTOR:	deoth resulted from: Notural couses [], Accident [], Suicide [], Homicide [], Undetermined monner []	
ITY SIC. Ty, please erol director be retained RAL DIRECT prior to bu	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL ACTUAL ACTUAL SIGNATURE ACTUAL ACTU	
uny, nero be ERAI	SIGNATURE	69
TO DEPUTY SICA necessary, please ex the funeral director. 5 may be retained TO FUNERAL DIRECTOR Health prior to burn	NAME (Type) / E.J. EDELEN ADDRESS(Street, city, town, or county) LAPLATA, 1)	7.0.
0 c = 20 E	230. BURIAL, CREMATION: 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY AR DENTED, LOCATION (Gity or Town) (COUNTY) BEMOVAL (Specify) /-13-69 TRINITY MEMORIAL WALDORF, CHARLES	(State)
VR A15ME (6)	Huntt Funeral Home Waldorf, Md. 20601 250. RECT BY REGISTRAR SIGNATURE JAK: 15 1969 25b. REGISTRARS SIGNATURE	6
188		

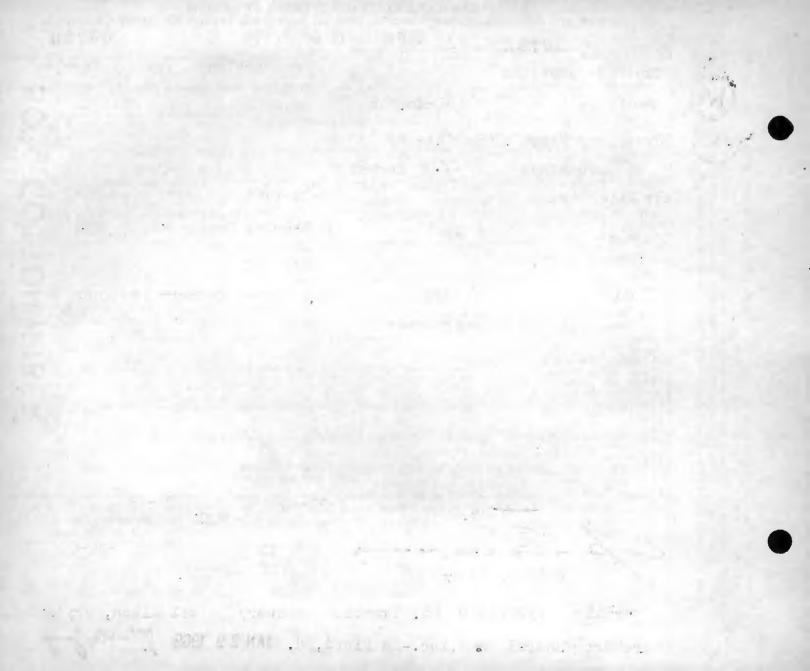


1	MARYLAND STATE DEPARTMENT OF HEALTH
0	10753 MUNISTON OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME 20. DATE KNOWN Month Day Year 2b. Hodes (Type or Print) OF ESTI-
dy is 3 to Poge ent of	DEATH MATED [DE
delay ond 3 W3. Po	3. SEX A FRACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD LOSS, birthday) MONTHS OAYS HOURS MIN. MONTHS DAYS
ny delc cond PM3. P	1 () () () 1-7-4-2-1 4 YRS. MONIAS ONTS HOURS MINE Month) Doy O 19 19 19
10	70. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
form fe	(COUNTRY) MARYLAND V.S.A. WIDOWED DIVORCED CHARLES MI
fer death Give Pages ang with for th the State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during post of working life, eyen, if retired.) 12. LITY OR TOWN OF DEATH 12. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during post of working life, eyen, if retired.) 13. INDUSTRY O
the de	WALDORF
s offer death 18. Give Pag olong with with the Sto deoth.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY: 44001 CS 1400 TO TOWN 13c. STREET AND NUMBER
75 a 18.	111D. CHARLES VALLDORF 18 BOX 202
hours offer death them 18. Give Pages C. Office along with form 1 and 2 with the State Be offer death.	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	HRTHUR BERRY HANNIE E. GROVES
hiner's hiner's hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upknown) (If yes give were of dates of service) 32 1 1 1 1 1 1 1 1 1
executed within anding in pending Medical Examines to permit file page nt within 72 hours	VES 219-12-2017 GARY DERRY, WALDORF, 111D
9 = E	18. CAUSE OF DEATH (Enter only one cause per-lige for (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND ORATH
Medical Medical permit.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)
be execut "pending," nief Medic onsit permit	DUE TO, OR AS A CONSEQUENCE OF
d be do be Chief Chief tronsit	(anditions, if any, which gave) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
should be to word "pel to the Chief buriol-transit	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sh sh o the void burned	lost. (c) wee
s certificate standards writing the forwarded to used as a bu emovol, and it	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
verificat writing rwarded sed as o	196. CONDITION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
this certificate, writing the forward of be used of the property of the proper	WAS PERFORMED?
E E E E	YES NO 210. EXTERNAL CAUSE WAS 21b, TIMEDE UNILIRY Month, Day, Year 21c. HOW MURY OCCURRED (Enternature of injury in Part 1 or Part 2, Item 18.)
. E p = 0'	
INER: le certifi should files. 3 should notion, c	PRIMARY OR CONTRIBUTING HOUSE AND 1969 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY, LAHROW, Street, 21E. DOCATION Street of Pt. D. No. City of Jown D. County State
EXAMINER: ute the certi age 4 should your files. Poge 3 shou, cremotion,	WHILE NOT WHILE Sectory, office building, STOCKE MINES THE STOCKE STOCKES THE
L EXA ecute Poge or you R: Pog	
ICAL I	22a. I certify that I took charge of the remains described abave, held an Autapsy , Inspection Inquiry , and in my opinion
please e l' director retoined L' DIRECTOR TO DIRECTOR	deoth resulted frame
dir dir	ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SIGNED
Pri	SIGNATURE MD. STORY MODIFIC CAMPINES I
D DEPUTY CICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) - F. J. F. DELEAL ADDRESS(Street, city, town, or county) / Plants M.D.
o DEPUTY necessory, pleos the funeral direc 5 may be retain 0 FUNERAL DIRE Health prior to	230. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY ARMEDIA (County) (Stole)
	PEMOVAL Specify 1-13 (29 TRINITY MAMOON: 1/10, 000 F (hos mo
	24. FUNERAL DIRECTOR ADDRESS 250. RECUD BY REGISTRAR'S SIGNATURE
VR A15ME 15	Huntt Funeral Home Waldorf, Md. 20601 DARY AN 15 1969 Charles Judge

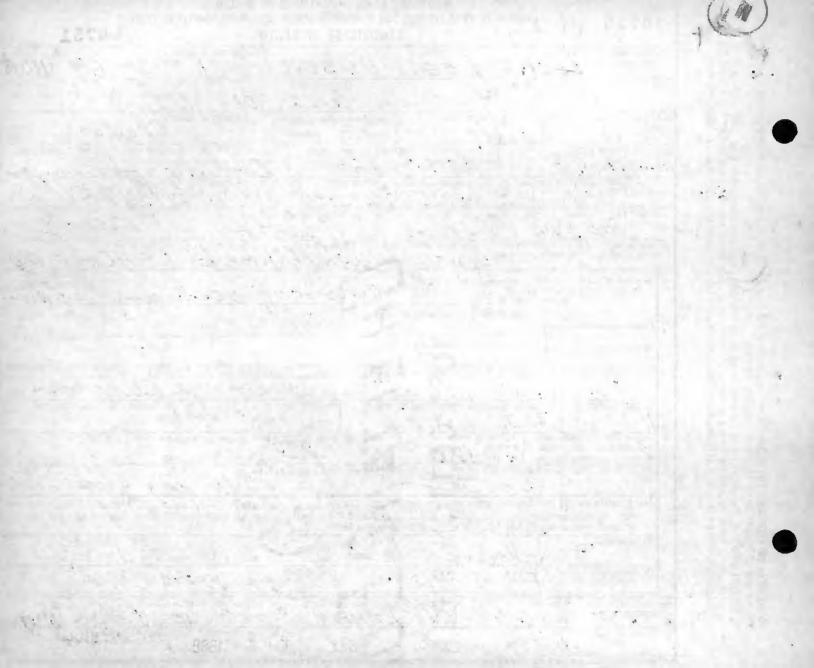
The state of the s BOTH CONTRACTOR AND A STREET CONTRACTOR OF THE STREET



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00750 death. and 2 death, 2. USUAL RESIDENCE (Approduceased lived, if institution: Residence before admission)
a. STATE Mary land b county Charles PLACE OF DEATH a. COUNTY Charles County Md hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3-Months Faulkner Rural d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? 24 Physicians Memorial LaPlata Md NO YES executed within NAME DE Middle Last DATE Month Year Day DECEASED Harvey 1-24-69 (Type or print onathan Car DEATH 19 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove any eve 8. OATE OF BIRTH 7. MARRIED NEVER MARRIEDE last birthday) | Months | 10-22-1968 ake Male Negro Davs Hours and WICOWEO [DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be None COUNTRY? Charles County Md Vone FATHER'S NAME attending phy rmit. Then p n. or removal, 14. MOTHER'S MAIDEN NAME Thomas G. Yates Mary Harvey 17. INFORMANT transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) (If yes give war or dates of service) None Mary Hatvey Mother- Faukkner Md CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSE DAND DEATH that the been signed by t the burial-transit or to burial, crema Influenza-PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate h detached for use te Dept, of Health PERFORMED?, NO P YES 20a. ACCIDENT WAS UNDERLYING I OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) After the ld be de le State l factory, street, office bldg., etc.) Hour a.m. While Not While at work D.M. at work 19 retained DIRECTOR: A age 3 should lied with the \$ 21. I certify that (I) (this hospital) attended the deceased from to. and that death occurred at 3-20 Alom the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed v pe MED. DIRECTOR -24-69 Page 4 may t PHYSICIAN'S 22d. ADDRESS NAME (Type) Indian Head E.Andrews James BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) Alton.Maryland Buria gantius Cemetery FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Home Inc -La Plata Md Funeral 20M 1/65



A	1	MARTLAND STATE DEPARTMENT OF HEALTH
7	18	0756 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 09751
er deoth. funeral i ond 2 ter deoth.		ECEASED-NAME First Middle Last 2a. DATE OF DEATH You ar print) LORA LEE HUBER 2a. DATE OF DEATH Wanth 3 Day 64000 11/30/M
be executed within 24 hours after death ond completely filled in by the funeral e remove corbon papers. Pages 1 and in any event, within 2 hours after death	3. 5	S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. AGE (In years lost birthday) S. AGE (In years lost birthday) YRS. MONTHS DAYS HOURS MIN
4 hours		BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Charles Md.
vithin 24 sly filled i soon paper within 72	0 10.	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR UNTITUTION (If not in hospital during most of working life even if retired.) 12b. KIND OF BUSINESS OR during most of working life even if retired.) 11b. NAME OF HOSPITAL OR UNTITUTION (If not in hospital during most of working life even if retired.) 11c. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) 11c. NAME OF HOSPITAL OR UNTITUTION (If not in hospital during most of working life even if retired.)
e executed with and completely fremove corbon tony event, with	N 13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBERO 13b. COUNTY A A COUNTY A COUNTY A COUNTY A A COUNTY A A COUNTY A CO
ote be exection on to college removed and in only	14.	FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle Lost
cior		(WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17, INFORMANT (1) (If yes give wor or dotes of service) 2 2 - 5 (-021) WALERBYING & R. NANTE MOY MI)
a de la	-	APPROXIMATE INTERVAL
Le		PART I. DEATH WAS CAUSED BY:
the death ie attendin t permit.		4109 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
the the sit p		Conditions, if any, which gave)
quires that the physicion. Signed by the burial-transit burial, cremot		rise to immediate cause (a), (D) OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
equires the physicion, signed by burial-fran burial, crer		last. (c)
low requires that anding physicion. been signed by the burial-transition to burial, cremiter to burial, cr		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4)
ding ding the the tro	8	meimoria, fractured it hip paper meter.
The loar attende hos be use os olth prio	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. AUTOPSY? 206. AUTOPSY? CAUSES OF DEATH?
: The practice of the control of the procession		21g_ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter gature of injury in Part 1 or Part 2, Item 18.)
G PHYSICIAN: The low requires that the death critic the haspitol or attending physicion. This certificate has been signed by the attending physidetached far use as the burial-transit permit. Then predeption of Health prior to burial, cremation, ar removal,		DOTOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MAPPER DOTO YEAR DOTO YEAR
PHYSICIAN e haspitol of this certifical stacked far Dept. of He	MEDICAL	(If either, natify medical examiner) 5 (F.M.) (10 2 19 05) 21d. INJURY OCCURRED 2Te. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town, County State While Not while 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
by the haspi frer this certi be detached State Dept. a	1	While Not while of work of wor
		220. I certify that (I) (this hospital) ottended the deceased fram // -/ 0, 1968, ta // - 3, 1969, that (I) (we) last
ATTENDIN stoined by CTOR: Afte should be ith the Sto		saw the deceased alive an
R ATTEN retoined retoined should with the		22b. SIGNATURE 22c. DATE SIGNED
OR FEE		TO DEGREE PHYS. DIRECTOR DIRECTOR DIPHYS. DI 1-3-69
TO HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) /FM. JOHNSON 22e. ADDRESS LA PLATA MO,
HOS ge 4 FUNI recto	230	BURIAL, CREMATION. 236. DAJE 235 NAME, OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 5 E) 1	SUPERTY V/6/68 010 DURHAM IKONSIDES CAPILLES M.D.
VI AT LEST	24	FUNERAL DIRECTORY LIMITAL TUMBERAL TOME - WOLLDEY, MR. DATE N. 8 1969 256 REGISTRAR SIGNAFURE LIMITAL TUMBERAL TOME - WOLLDEY, MR. DATE N. 8 1969
30/6 ALF. 4/00	1	come former to the property of the DATE.



1 2 -	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00752
FUR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME - First Middle Lost 20 DATE KNOWN Month	
HEALTH DEPT.	(Type or Print)	Day Yeor 2b. HOUR
oy is 3 to Page	3 SEY LA PACE S DAYS OF PIPTY LA AGE A WAR LE LADER TYPER LA LADER TYPER LADER TYPER LA LADER TY	4/ 10/ 19 3 M
detoy ond 3 M3. Pa	OV Z	Year / 2d HQUR
ny detoy 1, 2, ond 3 m PM3. Pa Department	1010011-10101118	E777
	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED	/ / /
ages ages th far	10 CHY OR TOWN OF DEATH 112 WAME OF HOSP TAL OR INSTITUTION (ALPO) In hosp to 1 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
8 7 3	LAFIATA, MAJORISKIANS /KMCRIA during most of walk to grade exercised).	PARACCO
de die de die de	13a USUAL RESIDENCE (Where deceased lived, if instruction Residence before 13e City OR TOWN 13d MSDECTIV UM 15? 13e. STREET AND NUMBER odmiss on) STATE 13b COUNTY 13	
hours Office Iond2	14 FATHER'S NAME First Middle Lost St. MOTHER'S MAIDEN NAME First Middle	Lost
24 hours in them r's Office es lond?	Lim. W. JERKINS LULA BURCH	JENKINS
hin nral nine pag hou	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes na, ar physiologyn) (If yes give wer or dotes of segren) 7. 36-76-76-76-76-76-76-76-76-76-76-76-76-76	GAESUILLE,
1 with not be Exam	18. CAUSE OF DEATH (Enter only one cause per lime for (g), (b) and (c),)	APPROXIMATE INTERVA.
be executed "pending" in vief Medicol E. onsit permit Fevent within	PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND OFATH
be execution period in the Medico in the Medico insituation in the miltiple event with	DUE TO, OR AS A CONSEQUENCE OF	1-60-64
nsit	Conditions, if pay, which gove	
ony e	nse to immediate cause (a), Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per to the Chief I buriol-fronsit	lost both state of the state of	
ofe s g the ed to s o bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fire The refer os	Z	
is certificate, writin forword forword or used or remayol,	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This certificate, writified forwor be used to remay of the transport	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Manth Day, Year 211 HOW INJURY OCCURRED (Enter nature of in any in Port 1 or Port 2)	YES NO NO
£ 4 20 0	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, HOUR A.M.	Item 18)
INER: Tine certifications are certifications. 3 should be a 3 should be a 3 should be a sh	GAUSE OF DEATH P.M. 19	
KAMINER: te the certified a should four files. oge 3 shou	Z1d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, street, factory, office building, etc.)	County State
CAL EXAMINER: execute the certion. Page 4 should should files. CTOR: Page 3 should should, cremation,	AT WORK AT WORK	
Xect Xect for for right.	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection I Inquiry L	and in my opinion
or to bury	death resulted fram: Maty of causes , Accident , Suicide , Hamicide , Undetermined manner	
y, please erol director er retained (AL DIRECT prior to bu	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
JTY, prior, perior prior	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DAY	E SIGNED G
o DEPUTY DICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burnal, crem	EXAMINER'S NAME (Type) E. J. E O ELEN DEPUTY MEDICAL EXAMINER ADDRESS (Street, city town, or county)	70
10 10 He	230 BUR AL CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(State) (State)
	24, FUNERA, DIRECTOR 250 REC TO BG STRATE 1968 REGISTRATE	S SIGNATURE
VR A15ME (5)	HUNTT FUNERPL HOME WIFL ONEFMADATE	E. 3
10M REV 1768	Maril I was to was the same	



A STATE OF THE STA	1075 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. ∴ ₽ % To	DECEASED NAME First Middle Ost OF ESTI- DEATH MATED 19 Note of The Control of Testing o
delay is and 3 ta M3 Page iment af	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 14 HRS 20 DATE PRONDUNCED DEAD 15 PRONDUNCED DEAD 169 PAGE) AMONTHS GAYS HOURS MAH MONTH 1 Day 28 Year 69
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70 BIRTHPLACE (Stole or foreign 75 CIT ZEN OF WHAT COUNTRY? 8 MARRIEM NEVER MARRIED COUNTY OF DEATH CHARLES COUNTY Md.
or death hig with the State	10. CTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) Aldorf Md. 120. USUAL OCCUPATION (Kind of work done during most of working life even if refired) INDUSTRY THE LIFE OF USAR
ent × day	13a USUA. RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d MSIDE CITY UM TS? 13e STREET AND NUMBER admission) STATE Md 13b. COUNTY Charles Waldorf YES None
Dand Office of the other	George E.Kohlieber Sr. Is Mother's MalDen NAME First Middle Lost Christine Keger
within 24 pencil in xaminer's rile pages 72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no eyeknown) (I ves give wor or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 514-20-3445 Wife-Martha E.Kohlieber=Waldorf Md
s certificate shauld be executed within S, writing the word "pending" in pencil i farwarded to the Chief Medical Examiner used as a burial-transit permit. File page emoval, and in any event within 72 haur	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Gunshot Wound Upper Right Chest IMMEDIATE CAUSE (a).
be executed "pending" in nef Medical E nost permit. F event within	Conditions, if any, which gave) Due TO, OR AS A CONSEQUENCE OF Self Inflicted
shauld be e ne word "per to the Chief I burial-transit	rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost (c)
ertificate should writing the word rwarded to the Cl sed as a burial-tr laval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This certificate shauld icate, writing the word be farwarded to the Ch I be used as a burial-treatment of the characteristics.	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES \(\subseteq \text{NO.} \(\subseteq \)
	210 EXTERNAL (AUSE WAS 21b TIME OF NJURY Month, Day, Year HOUR AM 19 21c HOW INJURY OCCURRED (Enter nature of in ary in Port 2 tem 18) Self Inflicted Gun Shot Wound Solid INJURY OCCURRED 21e PLACE OF INJURY (At home form street) 21c HOW INJURY OCCURRED CENTER OF INJURY (At home form street) 21c HOW INJURY OCCURRED CENTER OF INJURY (At home form street) 21c HOW INJURY OCCURRED CENTER OF INJURY (At home form street) 21d INJURY OCCURRED CENTER OF INJURY (At home form street) 21d INJURY OCCURRED CENTER OF INJURY (At home form street)
医 5 年 5 章	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, and work at w
bical Examilease execute the director. Page 4 director. Page 4 estained for your DIRECTOR: Page in to buriol, crem	22a certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my apinion death resulted from Natura causes . Acadent , Suicide X, Homicide , Undetermined manner
d'rectaine DIRE	CHIEF MEDICAL EXAMINER
o DEPUTY necessary, pl the funeral of s may be re- D FUNERAL E Health pr or	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP
necessa the funithe funithe funithe 5 may 70 FUNE	NAME (Type) James E. Andrews ND. ADDRESS (Street, dry town, or county) Trout at 110 at
	24 FUNERA, DIRECTOR ADDRESS 250 REG D BY REGISTRAR SIGNATURE
VR A15ME [5]	Huntt Funeral Fome Walcorf, Md. 20601 FEB 4 1969 Milanda Oudas.

MAKTLAND STATE DEPARTMENT OF HEALTH

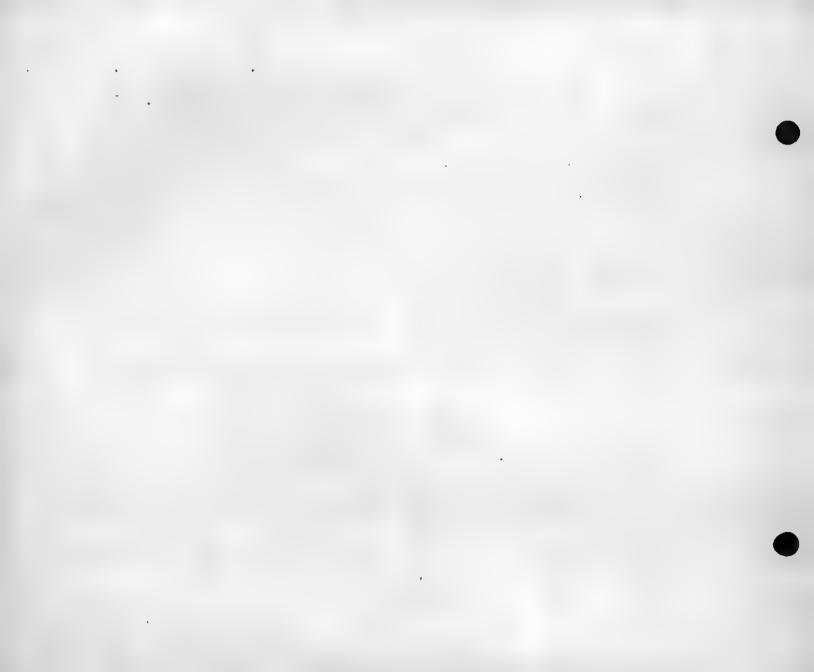


	00750	DIVISION OF VITAL RECORDS	CERTIFICATE OF		E, MARYLAND 21201	00754	-
	ECEASED-NAME First	Middle	Last	20.	DATE OF DEATH		2b. HQUR
(Type or print) PETE	R H.	Krex		Tare Month 19 Day	Phon	7:50PM
3. S	ex male	Lancasi an	S. DATE OF B		6 AGE (In years last birthday) YRS.		HOURS MIN
70 cou	BIRTHPLACE (State or foreign nitry)	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR WIDOWED D.VOI	RCED 7. COU	nty of death CHarles		Md
10	La Plata	qyg street address)	NSTITUTION (if not in hospital	during most of	PATION (Kind of work done vorking life, even if retired)	126 KIND OF BI INDUSTRY	ISINESS OR
	USUAL RESIDENCE (Where deceose inssian) STATE Md.	ed I ved, if institution Residence before	Pisgah	YES NO Y	13e. STREET AND NUMBER		
14	FATHER'S NAME First	Middle - Last		AIDEN NAME First	Middle		Last
14	Peter		rex Eliza	beth	Michelle	Lopez	
160	WAS DECEASED EVER IN U.S. ARM (es.po. or unknown) (II yes give w	rar or dates of service)		an II V	Address	m D#	la 10.00 -3
		Not ly one cause per ine far (a), (b), and (r n. kre	x.SrFathe	APPROXIMA BETWEEN ONS	TE INTERVAE
#0I		DUE TO, OR AS A CONSEQUENCE O	IF NOT RELATED TO THE TERMINA		ON GIVEN IN PART 1(0)	ONCIDEDED IN CED	TIEVING
CERTIFICATION			YES [NO 🗶	CAUSES OF DEATH?		INTING
MEDICAL CE	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Month Doy Yea ner) P.M.	17 19	·	of injury in Part 1 or Port 2,		
M	While Nat while	PLACE OF INJURY (AT NOME, FARM, STRET OFFICE BUILDING, ETC.			City or Town	County	State
	22a. I certify that (!) (the sow the deceased of causes stated above	is hospital) attended the deceo live on 9 4.4 e, (I) (wo) (did) (and not) view the	ased from	19 <u>647,</u> 19) (1907) opinion c			I) (we) last and from the
	226 SIGNATURE BOME	asin Mro	DEGREE PRYS	D' RECTO	C STAFF C	DATE SIGNED	69
	22d PHYS CIJO S NAME (Mype) J. G.	Barry Mason		Bux 93	7, ha Plata,	md . 20	646
		/21/1969 Mt. H	r CEMETERY OR CREMATORY Rest Cemete:	rv	Location (City or Town) La Plata	(County) Maryla	(State) and
	FUNERAL DIRECTOR	ADDRE			FRANCISTRANS	JIAMMIN	-
A	renart Funera	al Home IncLa	a Plata Mo.	DATE			

MAKTLAND STATE DEPARTMENT OF HEALTH



1	It Me	ems10, 136, 211 frome MARYLAND STATE DEPARTMENT OF HEALTH ed. Ex. 1-20 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	1 21201		
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7	0755	
HEALTH DEPT.		DECEASED NAME First Middle Lost 20	DATE KNOWN Month	Doy Year 2	b HOUR
oy is 3 to Poge Int of			DEATH MATED Jan.	19, 6,9 1	1:45
ny deloy 2, ond 3 PM3. Pog artment	3. S	Male Negro 9/3 47 22 YRS. 4. RACE S DATE OF BIRTH 6 AGE (in years 1 JNDER 14 HRS 2C. 1 MOURS MAN 22 MAN 1 MOURS MAN 2 MOURS M	DATE PRONOUNCED DEAD Month Jan. Doy 1		2d. HOUR 1:45/
_E <,		BIRTHPLACE (Store or foreign 7% CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY			
oges by to	10 (CITY OR TOWN OF DEATH 1 2 2 2 2 2 11 NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120, USUAL OCCUPA	TION (Kind of work done	126 KIND OF BUSINE	.55 OR
offer deoth 3. Give Pogiolog with plants of the Store of		Upper/May 165to 301 Drive In Theater	,	INDUSTRY	
hours after death Item 18. Give Pages 1, Office along with farm 1 and 2 with the State De after death.	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDECITYM.157 13e admission) SYATE Maryland 13b COUNTYCLER SECTION OF MARYLAND 13D COUNTYCLER SECTION OF MARYLAND 13D PROPERTY OF THE COUNTY CLERK STATE	STREET AND NUMBER		
24 hours in Item 18 i's Office is 1 and 2 v	14, 1	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First	Meddl	Lost Y	
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b SOCIAL SECURITY, NO 17 INFORMANT FRANCISC.	ADDRESS P	5	26
- E		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY Carbon Monoxide Poisoning	7	APPROXIMATE INTO	
id be execute rd "pending" Chief Medical transit permit		MMCDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if ony, which gove trise to immediate couse (a). (b)			
2 9 9 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF			
ote sho g the v ed to th s o buri and in		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	VEN IN PART I(a)		
ficat ing rded os c	2	THE CONTRACTOR OF THE PERSON O	LIA TAKE 4(0)		
uis certificate te, writing the forwarded to e used as a be removal, and	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?	
	ERTIF	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of	and in Book 1 or Book 2 lie		NO-KON
두 뉴 목 및	MEDICAL C	PRIMARY OR CONTRIBUTING 11:45 1/19/ 19 69 Inhalation of carbo		em 10 j	
S S S S S S	MED	2 d INLURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No	City of Town	County	State
EXAN ecute the Poge 4 or your R: Poge of, crer		WHILE AT WORK ☐ AT WORK ☑ 301 Drive In Theater Waldorf/Up	Det/wat/hadd	Charles	M.D
= 3 d d d d d d d d d d d d d d d d d d			ian 🔀, Inquity 🗌		apintan
olicatori olined olined to bu			Indetermined manner		
DEPUTY DICAL EXAM Stessory, pleose execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		ACTUAL SIGNATURE I would What I would assistant medical examiner	P 22b. DATE	SIGNED _	
Sory,		EXAMINER'S Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER	R SCR 22b. DATE	20/69	
O DEPUTY DICA necessory, pleose ex the funeral director. 5 may be retoined O FUNERAL DIRECTO		NAME (Type) ADDRESS(Street, city, town, c			
5 = 2 5	236	REMOVAL (Specify) 1-23-67 TP255UR 2C+1011 (1)	AT ON (City of Town)	(County) (Stote	5
VR A15ME (5)	24				
10M REV 1/68	1 /	TICOHITO UH //HTA. /X/) BANGAR & E	1969 Millian	Car Jacobse	



1.	Ñĕ	d. Ex. 1-28 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	٠.
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 6
HEALTH DEPT.		DECEASED NAME First Middle Last 2a DATE KNOWN Marth Day (Type or Prot) TOTATE SATION OF EST. Tap 10	Year 2b HOUR
ris ta ta age		DEATH MATED DEATH MATED	199 11:45
ath Jny delay is ages 1, 2, and 3 ta th farm PM3. Page State Department of	3. §	Female Negro 6 /12/50 18 YRS MONIES DAYS MOURS MIN Month Jan. Day 19, Yes	2d HOUR 11:45
Jun 1, 2, 2, 2 or bepool		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH OF THE STATE OF WILDOWED DIVORCED CHARLES	Md
fter death Give Pages 1, ang with farm ith the State De	10. ((ITY OR TOWN OF DEATH Naldorf 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Upper/Mariborr 12a USJAL OCCUPATION (kind of work done during most of working ife, even if retired) 12b Kill 12a USJAL OCCUPATION (kind of work done during most of working ife, even if retired) 12b Kill 12a USJAL OCCUPATION (kind of work done during most of working ife, even if retired) 12b Kill 12a USJAL OCCUPATION (kind of work done during most of working ife, even if retired) 12b Kill 12a USJAL OCCUPATION (kind of work done during most of working ife, even if retired) 12b Kill 12a USJAL OCCUPATION (kind of work done during most of work in the control of the contr	ND OF BUSINESS OR RY
D 00 D 3 00 / /	13a	USLA, RESIDENCE (Where deceased lived, if institution Residence before 13c. City or town 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER sidmission) STATMaryland 13b COUNTY Charles Upper Marlboroyes NO	
1 hours a Office als Office als dand 2 w	14. F	FATHER S. NAME FIRST Middle GREEN IS MOTHER'S MAIDEN NAME FIST Middle / how	losi D50/V
This certificate should be executed within 24 hours incate, writing the ward "pending" in pencil in Item 1 be forwarded to the Chief Medical Examiner Office 1 be used as a burial-transit permit. File pages I and 2 or remayal, and in any event within 72 hours after of		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS R	Gars MA
Experiment of the property of	-	10 COMP OF DESTITE	APPROX-MATE INTERVAL TWEEN ONSET AND DEATH
executed nding" in Medical permit.		PART I DEATH WAS CAUSED BY IMMIDIATE CAUSE (a) Carbon Monoxide Poisoning	THEE OUSE AND DEATH
exe endin		DUE TO, OR AS A CONSEQUENCE OF	
be ''p' 'hief ansı		(anditions, if any, which gave) (b)	
should be e ne ward "per ia the Chief I burral-transit I in any even		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be executed icate, writing the ward "pending" in be forwarded to the Chief Medical Ed be used as a burial-transit permit. For remayal, and in any event within	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
his certifate, write forwar	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES NO 🔀
海금 음 집		21a. EXTERNA, CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 1B.)	
NER: T certifice hauld b les. should ition, ar	MEDICAL	PRIMARY OR CONTRIBUTING 11:45 RTM 1/19/ 19 69 Inhalation of carbon monoxide	
EXAMINER: tute the certifage 4 shauld ryaur fles. Page 3 should, crematian,	2	21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form street, foctory, office but dring, etc) AT WORK AT WORK AT WORK 301 Drive In Theater 21f LOCATION Street at R F D No (if y or Town Country of the but dring, etc) Waldorf / Vppe// Matilbord Cha	,
			rles M.D
SiCAL E se execu ctar Par ned for ECTOR: F		22a certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , a death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .	and in my opinion
please e directar retained . DIRECT		CHIEF MEDICAL EXAMINER	
ny, ple eral die be reta RAL DI		SIGNATURE COLOR DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	
DEPU cessal e fune may b FUNES		EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER 1/20	1/ 69
5	236	S BURIAL CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCAT ON (City or Town) (County REMOVAL (Specify) 1-23-6-125-5078C+1017	NAAYlan
VR A15ME (5)	24	DREDART LAP/ATA. MD 250 RECT BY REGISTRAR 256 REG STRARS SIGNAL DNAN 27 1969 1 PROPERTY OF THE	inge.

10

7 2142.01 4

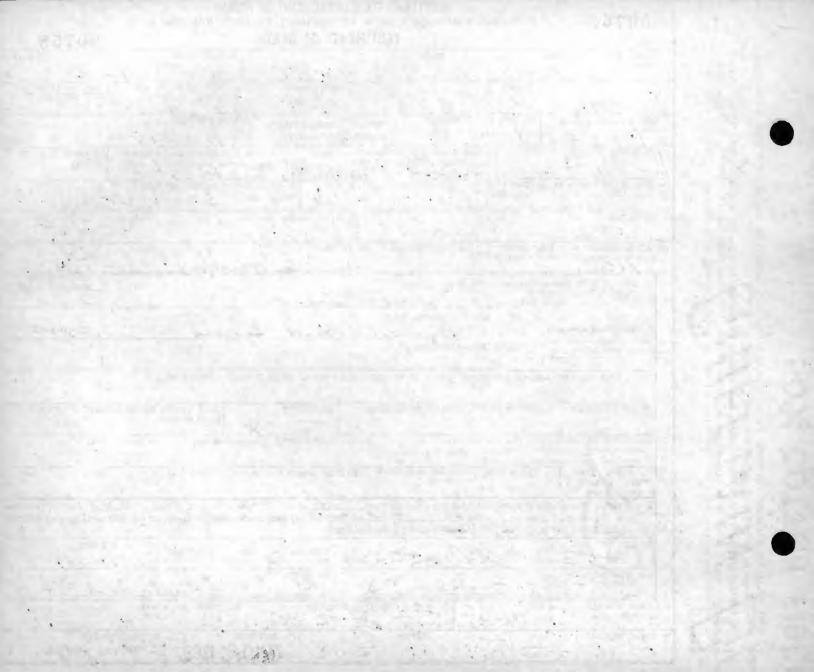
Thon meanys



- 1			ID STATE DEPARTMENT OF		23 AAL 900 AAR
	00762		, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	3757
-	DECEASED-NAME First	Middle	Lost	2a DATE OF DEATH	2b. HOUR
	(Type or pr nt) Nettie		Scott	Month Do	
2 3	SEX	4 RACE	S. DATE OF BIRTH	January 19	(F UNCER I YEAR IF UNCER 24 HRS.
3.				las <u>t bu</u> rthday)	MONTHS CAYS HOURS MIN.
7	Female BIRTHPLACE (State or fareign	White 76. CITIZEN OF WHAT COUNTRY?	2/11/90	9 COUNTY OF DEATH	
- 1/c	ountry)		8 MARRIED NEVER MARRIED		
-	Maryland CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED 12a USI	Charles Cot UAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
	La Plata	give street address) Physicians	Memorial Hosp	nast of spring life, even if retired)	INDUSTRY
1	a USUAL RESIDENCE (Where decease	and broad of constitution. Described in Laboration	13c CITY OR TOWN 13d. INSIDE CTY	The second of th	
a	dmission) STATE Maryland	13b COUNTY Charles	Nanjemoy YES	NO 🗌	
Į.	4. FATHER S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Last
1	John Fr	ranklin		te Welch	
1	60. WAS DECEASED EVER IN U.S. ARM	are an electric of con-col		Address	
	Yes, na, ar unknawn) (It yes give w	215-54-	6761 Lester Sco	tt, Box 419, La	Plata,Md.
	18. CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (c	11A- 11-	4.0	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED IMMEDIA	y ane cause per line for (a), (b), and (c) BY: TE CAUSE (a)	shop It and	Talme.	
1	4123	DUE TO, OR AS A CONSEQUENCE OF	. 0 -	(1 - 1)	2 0
	Canditions, if any, which gave anse to immediate cause (a),	(b) Chill	nosilmon	that thrown	+ 2-4 days
I	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		V	
	last	(4)			
	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART I(a)	
	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS O	ANSIDEDED IN CEPTIEVING
	190 DATE OF OPERATION 196.	CONDITION FOR WEICH OPERATION WAS P		CAUSES OF DEATHS	OHNDERED IN CERTIFIED
	210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY		er nature of injury in Part 1 or Part 2,	Itam 181
	S OR CONTRIBLTING CAUSE OF DEAT	HOUR A.M Month Day Year		er norme at anjory in roll 1 di roll 2,	Rent 10 f
	G OR CONTRIBUTING CALSE OF DEAT (If either, notify medical examin 21d IM, JRY OCCURRED 21e	DEACH OF IN LIDY AND HOME FARM STREET FO	NOTICE A DESCRIPTION STREET OF RED. NO	a. City or Town	County State
	While Not while	OFFICE BUILDING, ETC.	ACTORY.) 21F LOCATION Street or R.F.D. N	u. Lay or town	eluic yilian
	at wark at work	is bacoutall attended the decree	sed/from 2-25, 19	68 to 1/4 19	57_, that (I) (we) last
	saw the deceased a		19 7, and that in (my) (aur) ar	pinion death accurred an the do	
	couses stated above	(I) (we) (did) (did not) view the	bady after death.		1 1
	22b/SIGNATUR		ATTENDING -	MED STAFE 22c.	DATE SIGNED
	1 Muno.	by . Musters ,		MED STAFF DIRECTOR PHYS	1/2//07.
1	22d PHYSIC AN S NAME (Type)	10- 1x M	22e ADDRESS	Data	de De De Cial
		nico III JOV	HEIKO Ja	THIN !	101, 3010 4
2	30. BURIAL, CREMATION, 23b BREMOVAL (Specify)		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
L	Burial Ja	an. 21, 1969 Nanj	emoy Baptist		les, Md.
1	4. FUNERAL DIRECTOR	Home Inc. La	Plata Md. PAT	Beis 1963 52 CARCISTANCE	ON THE PERSON NAMED IN COLUMN
	archart Hilbert	o nome that th	- 1.G. U.G. a I'Kha DATS		



	w	MARYLAND STATE DEPARTMENT OF HEALTH
7		0 7 6 3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1	CERTIFICATE OF DEATH 00758
٠ ح ح		ECEASED-NAME First , , Middle Last , 20. DATE OF DEATH 2b. HOUR
death. neral and 2 death.	(Type or print) E/12Abeth SMOOT /- Month Doy Year 9 M
offer of the state	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years lif under 1 year 1 if under 24 HPS. LEMALE VALUE AND AND HOURS MIN. YRS. VRS.
S. Pour		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. COUNTY OF DEATH WIDOWED 19. DIVORCED 19. COUNTY OF DEATH WIDOWED 19. DIVORCED 19. COUNTY OF DEATH WIDOWED 19. COUNTY OF DEATH WIDOWED 19. COUNTY OF DEATH
	10./	LITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY
campletely over carbon y event, w		USUAL RESIDENCE (Where deceased lived, if institution; Residence, before 13c., CITY OR TOWN , 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER,
e executed and cample femave car any event,		ission) STATE // D 136. COUNTY CHARLES LAPLATA YES NOU LA PLATA
ate be executed of ician and campled for the care and in any event,	14.	FATHER'S NAME First Middle HAWKINS IS. MOTHER'S MAIDEN NAME First Middle HAYES
certificate be executed within physician and campletely fill then please remave carbon promaval, and in any event, within		(ves, no, or unknown) (It yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT, LOUISE WOOd/AND Address A PATA
ng p		18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).)
ne death cer attending p permit. The ian, or rema		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) My ocardical Info. Am
he of peri		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave)
nat the I. y the insit p		rise to immediate cause (a).
es the siciar and per		lost. (c)
equires that th physician. signed by the burial-transit fourial, cremati		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding een the	N	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The law requires that the death certifice has postial or attending physician. This certifical has been signed by the attending physician to use as the burial-transit permit. Then ples Dept. af Health prior to burial, cremation, or remaval,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AN: Il or cate or us		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
SICL spito entifi ed f	MEDICAL	(If either, notify medical examiner) P.M. 19
OR ATTENDING PHYSICIAN: be retained by the hospital or strectors, After this certificate e 3 shauld be detached for u ed with the State Dept. af Heal	1	While Not white 1 Coffice Bullome, ctc.
by the fater per State	1	22a. I certify that (I) (this hospital) attended the deceased from 1967, that (I) (we) los sow the deceased alive an 1963, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (I) (we) (did not) view the body after death.
TENI ined ould the	-	couses stated above, (1) (wa) (did) (did-net) view the body ofter death.
RECTO 3 Showith		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
y be y be gge filed		22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
SPITA 4 ma IERAI or, Pidbe		NAME(Type) Front A. Juson T.D. Rt. 1 Dx So Indian Head Tol
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transvalud be filed with the State Dept. af Health prior ta burial, cre	230	BURIAL, REMATION, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. (County) (Store).
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS DAVIA 16 1969 FUNERAL SIGNATURE DAVAN 16 1969 FUNERAL SIGNATURE
8		DAGAIL TO 1000 I



			00764	DIVICION			DEPARIMENT				
7					OF VITAL RECORD				E, MARYLAND 2120	0.07	59
			emll FilmG40			CERTIFIC	ATE OF DEA			0 17 1	
ਵਿੱਚ	등 등		pe or print)	First	Middle		Last	20.	DATE OF DEATH Month	Day Year	2b. HOUR
ag /ag	E-8		Vdm		Clariner	-	Wound		January	9 1969	5-4 M
hours after death	ry and 2	3. SE	Male	4. RACE	Colored		S. DATE OF BIRTH	,1905	6. AGE (In years last birthday)	S # UNDER 1 YEAR MONTHS DAT	
in hour			RTHPLACE (State or foreign	7b. CITIZEN (OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH		
	8-11		ds. County ozer		4.5.	WIDOWED] DIVORCED]	Char		Md.
ithin 24 iy killed	Within 00	10. C	TY OR TOWN OF DEATH	(4	11. NAME OF HOSPITAL OR give street oddress?	INSTITUTION (If no	t in hospital 12c	ring mast of v	JPATION (Kind of work of varking life, even if retire	done 12b. KIND red.) INDUSTRY	OF BUSINESS OR
d w	nt, v		USUAL RESIDENCE (Where de	ceosed lived, if in		e 13c. CITY OR	TOWN 13d. INSIG	DE CITY LIMITS?	13e. STREET AND NUMBE	R	
ecute	and in any event,		sion) STATE M. H.	13b. COUN	LAN-CES	Mark			P.U. BUXGE	870-54	y. ted.
be ex	in an]4. F	ATHER'S NAME First	Mid	die Suda		MOTHER'S MAIDEN N	IAME First	Midd	6	J last
ife dian	and		WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURIT		FORMANT		Addre	ess	
rtific	transit permit. Then pl cremation, ar removal,		No	give war or dates of servi	1579-16-9	293 17	15 /din 25 6	C. Swa	Pd. Bux 6.		ury. Old
h ce	r= ii		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r aniy ane cause	per line far (a), (b), and	(c).)	0 2 1				ROXIMATE INTERVAL EN ONSET AND DEATH
leat end	er i		IMA	AEDIATE CAUSE (a)	0740 (0	diel =	land a ter	77		Lu	mEdeale
ne o	per ion,		4700	DUE TO,	OR AS A CONSEQUENCE		11 1	X			
the the	tisr mat		Conditions, if any, which grise to immediate cause ((D)		fensue	Herrt	Disea	ie	3	years.
res the sicion.	burial-transit permit. Then please remave carban burial, cremation, ar removal, and in any event, with		stating the underlying collast.		, OR AS A CONSEQUENCE ()F					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.	e burial. a burial,		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEAS	SE OR CONDITIO	ON GIVEN IN PART I(0)		
law andir bee	rior th	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDI	NGS CONSIDERED IN	CERTIFYING
The after has	等	TIFE						NO D	CAUSES OF DEATH?		
IAN: ral ar ficate	be detached for use as the State Dept. of Health prior to		21 a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE O	F DEATH HOUR		or	W INJURY OCCURRED	(Enter nature	of injury in Port I or Pa	irt 2, Item 18.)	
rsic	t. of	MEDICAL	(If either, natify medical ex 21d. INJURY OCCURRED	21e PLACE OF INC	P.M. URY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 1 21F IO	ATION Street or R.F.	D No	City as Town	County	State
PH of his	Dep		While Not while at work	200,1010001111	OFFICE BUILDING, ETC.	7	5,000 00 00	131 (14)	city as rown	toonly	2.1.0
ATTENDING etained by the	tate		22a. I certify that (I) sow the decease	(this haspital)	attended the decer	sed from	Dec.	19 5 5,	to Jan	, 19 6 2, th	at (I) (we) lost
ed lo	유		sow the deceose	d alive an	120 20	_19 <i></i>	that in (my) (eu	f) opinion o	leoth occurred on th	ie dote ond hoi	ur and from the
15 in 57	shauld with the		22b. SIGNATURE	idve, (i) (we) (did) (d id no t) view th	e baay arrer a	eain.			22c. DATE SIGNED	
OR /	d wi		220. STONATORE	ean 4	A Sasan	In DEGR	E PHYS.	MED.	STAFF PHYS.	1-9-1	69
TAL OA P	bod a		22d. PHYSICIAN'S	11	C	An A	22e. ADDRESS	2		11 9	7
O HOSPITAL Page 4 may 0 O FUNERAL D	director, page should be filed	00	NAME (Type)	IUM H	Jusan L	7.0	19.13	10050		Wed Old	10640
Poge C	direc	230.	BURIAL, CREMATION, REMOVAL (Specify)	PATE 13	1.	of cemetery or Judica C	Cemeters	1/1/	LOCATION (City or Town)	Charles (Country)	(Stote)
			UNERAL DIRECTOR	6.000 1 37	ADDRE	SS		EC'D BY REGIS		TRAR'S SIGNATURE	11001
30	VR A15 O	_/	Martell C	Idam	& alge	eases,	Md. DATE	JAN 1	6 1969 80	lianles &	udak.
	-0				U					24.	

